Community-Based Services Q&A

This information seeks to guide our service providers during the COVID-19 pandemic. This guidance is subject to change as best practices from the Centers for Disease Control and Prevention are updated.

Important reminders:

- Remote interventions are appropriate for most DCS cases, particularly when coupled with some face-to-face service when there are child-safety risks. Child and family teams should evaluate every case to determine the best way to serve a specific family with the input of families and providers. Keep in mind the DCS Practice Model, which calls for collaboratively teaming to decide the best way to serve children and families.

- If a child and family team can't decide how to deliver services effectively, or if members disagree on the delivery method after considering all of the presenting risks, teams should consult DCS and provider leadership. Providers should follow the chain of command when seeking the guidance of DCS leadership (starting with the supervisor, escalating to division manager, local office director, regional manager, etc.). FCMs and probation officers should seek guidance from provider leadership, similarly taking into account the provider's chain of command, when a clear agreement can't be reached.

Q. Will DCS offer a waiver from the service standards to allow providers to bill for telephone contact with clients in the event the client cannot be seen in person because of coronavirus concerns?
A. Yes. Home visitations should only be completed using preventive measures. When appropriate, call prior to the scheduled home visit to determine if anyone in the home is experiencing symptoms.

Providers should also ask the following screening question:

- Do you or anyone in your family have any symptoms of a respiratory infection (e.g., cough, sore throat, fever or shortness of breath) or have you had exposure to someone with COVID-19?

If a client answers yes and is exhibiting mild symptoms, advise the client to stay home and separate themselves from others as much as possible.

If a client answers yes and is exhibiting severe symptoms:

- Direct the client to the nearest emergency room for medical treatment and testing.
- Instruct the client to notify the receiving medical provider or facility of a potential concern for COVID-19 so these professionals can take proper precautions to prevent the spread of the disease. This should be done in advance of arriving at the medical facility or being picked up by the medical transport (e.g., ambulance).
- Inform your regular DCS contact if a client requires medical attention for possible exposure to COVID-19

Remote interventions may be billed as if they are conducted face to face. As many DCS/probation cases present with child-safety concerns, however, providers must notify the referring worker they are intervening in this fashion and

ensure the referring worker is comfortable with this. Providers must also communicate regularly with the referring worker about these types of cases and discuss when regular face-to-face contacts should resume.

Q. What is DCS' recommendation for handling foster care placements when there are symptomatic household members in the foster family and contractually required visits are due?
A. Providers should also ask the following screening question:

- Does anyone in the foster family have any symptoms of a respiratory infection (e.g., cough, sore throat, fever or shortness of breath) or has anyone had exposure to someone with COVID-19?

If a client answers yes and is exhibiting mild symptoms, advise the client to stay home and separate themselves from others as much as possible.

If a client answers yes and is exhibiting severe symptoms:

- Direct the client to the nearest emergency room for medical treatment and testing.
- Instruct the client to notify the receiving medical provider or facility of a potential concern for COVID-19 so these professionals can take proper precautions to pre vent the spread of the disease. This should be done in advance of arriving at the medical facility or being picked up by the medical transport (e.g., ambulance).
- Inform your regular DCS contact if a client requires medical attention for possible exposure to COVID-19.

Remote contacts such as teleconference, Skype, FaceTime and telephone may be used if a person or someone in their household is exhibiting COVID-19 symptoms or if the child and family team has determined a remote contact is best. Providers must communicate regularly with the referring worker and discuss when face-to-face contacts should resume.

Q. Are there any expected state level shutdowns that will impact the processing of invoicing and payments?
A. Not at this time. DCS fiscal continues to operate as normal with invoices being processed for payment within 30 days of the invoice posting. If there is an impact due to COVID-19, DCS will inform providers.

Q. Will this affect the timeline of the RFP announcement and rollout?
A. No. We do not believe this will impact RFP announcements, procurement of contracts, or rollouts of services.

Q. Can DCS approve supervision to be provided in virtual methods during this time to lessen group gatherings?
A. Yes. Please note this in your supervision notes. We will evaluate this approval monthly (will be re-evaluated on 5/16/20).

Q. If we do a telemedicine session for something that is normally billed to Medicaid first, would DCS allow for teletherapy to be billed directly to DCS since Medicaid will not approve teletherapy?
A. Yes.

Q. What is the expectation for court visits?
A. If the court is open, providers should work with the youth's referring worker on whether it is safe and appropriate for the youth to attend any scheduled court hearings. They should also work with them to notify the court if it is recommended that there be any deviation from court orders.

Q. Does DCS anticipate any closures or issues that could impact billing?
A. No, at this time, DCS does not foresee any issues with billing. If you did not receive this communication, email communication@dcs.in.gov.

Q. Is it possible to get permission from DCS on a case-by-case basis to implement video interface/phone conferences (so long as any federal obligations are met) to continue services? If so, what level DCS staff member can authorize this? An FCM, supervisor, LOD, other?

A. Remote interventions such as teleconference, Skype, FaceTime and telephone may be used and may be billed as if they were conducted face to face. As many DCS/probation cases present with child-safety concerns, however, providers must notify the referring worker they are intervening in this fashion and ensure the referring worker is comfortable with this. Providers must also communicate regularly with the referring worker about these types of cases and discuss when regular face-to-face contacts should resume. Communication regarding the approved usage of remote contacts/interventions must be in writing and approved by the referring worker, and these remote contacts should be requested only if there are clearly identified coronavirus risks.

Q: The CDC continuously stresses that there are many individuals who will not show symptoms. Will DCS allow phone visits in place of face-to-face contact?
A: If no exposure risks are identified, the provider should still clearly follow all of the precautions that we listed in the March 10 provider guidance. There is also ample self-protection guidance on the CDC and Indiana State Department of Health websites. If there are no child-safety risks identified, then the next best way to connect would be by video. If video isn't available, then connecting by phone is acceptable. Providers are, however, still encouraged to ask this question before going into a client's home, should there be a need to continue to complete a home visit as established by the child and family team due to presenting child-safety risks.

Q: If a provider has underlying medical conditions and is recommended by the CDC to stay inside, are phone or FaceTime visits allowed?
A: Yes. We do not want individuals who are in the identified high-risk categories going into homes, and we've already issued waivers for individual workers to do all of their contacts virtually. If such an individual is the only service provider in a case in which there are clear child-safety concerns, the child and family team may choose to bring in a different service provider, either in addition to or potentially instead of this provider who should not go into home. The child and family team should make these decisions, and providers should request documentations of approval to complete contacts virtually/remotely. This will help protect the provider in case of an audit later and help ensure timely payment for the services.

Q: Will DCS consider a per diem or payment system per family that can account for COVID-19-related lost revenue?
A: Not at this time, as phone and other remote services can be used (based on the approval of the child and family team) as a substitute for face-to-face meetings and billed as though they were held in person.

Q: Will DCS lift the licensure requirements for therapists?
A: The licensure requirement is in statute. DCS is willing to look at staff qualifications for specific roles and will issue waivers to the qualifications that are listed in our service standards on occasion when there is a compelling reason to do so (and a provider requests for a waiver in advance of delivering services), but we do not have the ability to authorize things that are outside of the state's law. Those who are licensed in other states are now permitted to practice in Indiana even if they do not have an Indiana license currently, provided they have not been suspended or barred from practice in any other state.

Q: Will DCS reallocate manpower to speed up payment of invoices?
A: The team is working hard to adjust work schedules and shift work remotely to maintain operations. We continue to track processing times and respond to questions, so if there is a specific concern about a payment, providers should still reach out to vender management, DCS Payment Research, etc.
Q: Should we place functional family assessments and clinical assessments on hold? Or complete those via telephone by reading the test questions to the client?
A: This should be a decision that is made by the child and family team, which (with written approval from the family case manager or probation officer) may authorize remote contacts in lieu of face-to-face ones.

Q: Since many clients have children who need childcare because of school closings, can providers use home-based casework to assist by providing skill-building for these children when a parent is working?

A: This should also be a decision made by the child and family team, but providers should help families find childcare that is appropriate to meet the family's needs, and it's not likely to be appropriate that such childcare be provided by a provider who is in place to deliver skill-building services. This would be outside of that scope of services.

Q: How do we document cancellations, especially for supervised visits, if someone is not ill or experiencing symptoms but just does not want to bring a child to visit?
A: Foster parents were sent a memo with instructions related to virtual visits on March 19. Talk with the foster parent about their and help them come to the best decision for the health and well-being of the child(ren) and others within their home. The child and family team must not only consider child safety and COVID-19 concerns but also child wellbeing and court orders when deciding how to navigate circumstances such as these.

Q: Do clients have permission to not attend any services or drug screens if they choose not to during this pandemic? Are providers to keep referrals open and reassess later? Or would DCS want the client discharged?
A: Court orders often dictate service requirements and should be reviewed by the child and family team in circumstances such as these. The team, and in particular the referring worker (the family case manager or probation officer), can help guide what to do with referrals if clients are disengaging from services.

Q: Where should we facilitate our visitations that are court-ordered to occur in the community?
A: The child and family team should decide what to do in these circumstances and should also be mindful of any existing court orders. Local DCS legal can also help explain what is allowable in a specific case. Conducting visits outside should be considered to reduce COVID-19 risks if face-to-face visits occur.

Q: If foster parents ask that we not come to their home, may we use Skype, etc., in lieu of face-to-face visits?
A: The child and family team should weigh in on these questions, but, yes, Skype, FaceTime and even telephone contacts may be used in lieu of face-to-face visits with foster children if the team believes this is appropriate and sufficiently address any child-safety concerns. Keep in mind that a primary purpose of these required visits is to actually support the foster parent who might be struggling with the care of the child placed into their home. Keep this in mind when deciding how to deliver services to a particular foster family.

Q: If we learn a family case manager has been diagnosed with the virus, should other staff who might have had contact with the infected team member also be put a two-week quarantine or should they continue to work until they show symptoms?
A: This is a question that should be asked of a medical professional and/or the local health department. Anyone who is quarantined because of exposure, awaiting test results, or has received a positive COVID-19 test result should take care of notifying anyone with whom they've had contact. If you have any employees who need help notifying DCS staff, children in care, or families, please notify the local office. We will help get the message out in an effort to help prevent any spread. These individuals should not complete any home-based or face-to-face services.

Q: If a child or parent reports symptoms, what are the options available to continue that supervised visitation?
A: This should be decided by the child and family team. If anyone is symptomatic, we need to make sure we are following social distancing and utilizing technology to keep the parents and children connected.

Q: Can DCS provide concrete assistance to clients who do not have enough phone minutes available or internet access?
A: The child and family team can consider things such as this and seek approval. In addition, DCS is aware of an initiative called "Keeping Americans Connected," which involves internet and other communications companies trying to help families in need. Providers are encouraged to look into this and any other potential resources and share what they learn with the families with which they are working.

Q: The Indiana State Department of Health stated we should be doing "active screening for fever and respiratory symptoms" of all residents and staff. What does active screening look like?
A: DCS defers to the Indiana Department of Health: https://www.in.gov/coronavirus/2397.htm

Q: Should all staff or staff who work with children wear face masks?
A: DCS defers to the Indiana Department of Health: https://www.in.gov/coronavirus/2397.htm

Q: What is DCS willing to do financially for providers during this crisis, since there are already and will be more cancelations from placements and others due to fears?
A: DCS is willing to reimburse for virtual contacts held in lieu of face-to-face visits provided such contact has been deemed appropriate in advance by the child and family team. DCS does not believe the COVID-19 threat should result in decreased services for families. If anything, the public health crisis should result in more frequent contact with our families to ensure their needs are being met.

Q: What is the best way to ensure staff members and providers are on the same page about current guidance?
A: We are working hard to consistently communicate with our field staff and are also inviting them to these calls. We must work together, and, if there's a particular concern with anyone not understanding our guidance, please reach out to DCS leadership.

Q: We know DCS has recommended that residential programs not allow kids to leave campus for visitation, therapy or casework. What documentation do home-based providers need to explain why a visit or appointment did not happen?
A: Please work with your CFT to discuss this. ISDH recommended restricting visits and passes for youth in residential care, but it must be noted that many of these facilities are closed campuses with dozens and even hundreds of people in them at all times, making extra precautions more critical to prevent a facility-wide outbreak.

Q: The HIPAA privacy guidelines have been temporarily suspended for teletherapy and telemedicine because of the current pandemic. Will DCS follow suit, allowing community-based therapy to be conducted via teletherapy utilizing methods such as phone, FaceTime, Skype, etc.? How should we, as an LCPA, handle it if foster parents restrict access to their home due to health concerns?
A: HIPAA is in place between families and providers, not DCS, which is HIPAA-exempt, so providers are encouraged to seek their own legal counsel if they have questions. Teletherapy is appropriate to use while working with families. Please remember to work with the child and family team to help determine the best method of communication, as child safety may be an issue. LCPAs, please connect virtually. You might need to connect more often to make sure families have the resources they need.

Q: Will DCS screen families for COVID risk factors prior to supervised visits held in the DCS office?
A: Yes. If staff, caregivers and parents agree to having in-person parenting time and/or sibling visits, this contact may still occur provided everyone in the foster parents' and birth parents' homes are pre-screened and answer no to the following questions:

- Have you been instructed to self-quarantine or isolate? If yes, why?
- Have you had contact with any person suspected of having or confirmed to have had COVID-19 within the last 14 days?
- Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever or shortness of breath)?

If an in-person visit can occur, conducting the visit outdoors should be explored as an alternative to an indoor visit. Practice good hand hygiene and follow the CDC prevention practices when interacting face-to-face.

Q: We have some staff who refuse to travel from house to house. Others don't know if they should see clients because they interacted with someone who is now quarantined. We have more who have preexisting health conditions and are being told by their doctor to stay out of these homes. Please offer some guidance.
A: Individuals who have potentially been exposed to coronavirus or who are in high-risk categories should not complete home visits or interact with others, face-to-face. If it's deemed appropriate by the child and family team, they should

complete services remotely through things like FaceTime, Skype, Zoom, etc., or via telephone. These remote interventions can be billed as if they were completed face-to-face. Providers should work closely with the child and family team, including the family case manager or probation officers with whom they work, to determine the best method of delivering services to specific children and families.

Q: With moving to virtual assessments, are we still required to complete urine drug screens for substance assessments? Or can this be temporarily waived?
A: Providers should work with referring workers, family case managers and probation officers on whether screens are needed and how to best obtain them.

Q: Can visitations occur via phone or video platform if the facilitator is not located with one of the family members (E.g., child is phoning in with foster family, parent is phoning in from their home, facilitator is phoning in from their home)?
A: Yes. Work with the child and family team, including the referring worker – family case manager and/or probation officer -- to discuss how specific visitation/parenting time should be structured.

Q: Is non-essential psychological testing suspended at this time?
A: The child and family team (including the referring workers) may decide if the service can be delayed, delivered remotely or modified in some other way based on all of the presenting circumstances. Teams should be mindful of any existing court orders and must inform the court if services are recommended to be delivered in a manner that is not consistent with court orders.

Q: Is there flexibility on upload timelines to KidTraks for monthly reports or 3-day visitation reports?
A: DCS cannot issue a blanket exception. The agency relies on the information obtained from provider reports to inform the court about our cases and guide decision-making. If a specific circumstance has impaired a provider's ability to upload reports on time, the provider should discuss this with the child and family team, including the family case manager or probation officers with whom they work, to see if a modification of requirements is appropriate.

Q: What if our client is a healthcare worker but doesn't know if any of their patients are positive?
A: Providers are encouraged to screen clients for potential COVID-19 symptoms or exposure and to work with their referring workers and child and family teams as to how to respond to any risks. Follow ISDH and CDC guidance. Services can be delivered through remote means if the team feels it is appropriate to do so. If remote interventions are agreed upon and authorized in cases where there are presenting child-safety risks, teams should discuss how those risks can be mitigated, with additional or possibly entirely different services being introduced to the family.

Q: Locations are closed for background/fingerprint checks. Is DCS going to relax requirements so that we can continue to hire to meet the needs of families?
A: DCS is maintaining a webpage devoted to updating the status of fingerprinting vendors, and this can be found on the main DCS coronavirus resources page. We are working hard to keep this current and will continue to do so.

Q: Multiple providers are hearing that family case managers are only doing telephone/video check-ins with the families and children on their caseload. What is DCS doing to understand what guidance individual local office directors or regional managers are giving to their staff?
A: Specific guidance for conducting all visits, including new assessments and ongoing case-management and child-safety visits, has been given to all of our field staff and is posted online. It outlines how to use precautions when visiting face to face and when and how to use remote contacts. Face-to-face contacts with children and families with DCS staff are continuing to occur.

Q: Can visits and child family team meetings take place at the DCS office, even if it has closed?
A: Yes, these may be held at a local DCS office with the approval of the child and family team. Keep in mind many interventions can be held remotely over the phone or through teleconferencing. Specific child and family teams are

encouraged to actually increase the frequency of meetings during these changing times and use creativity to accomplish the goals of specific cases.

Q: Will providers be compensated for going to parents (face to face) to facilitate a phone or FaceTime visit with their children?
A: Yes, with the consent of and input from the individual child and family team.

Q: Some providers have already moved all their services for all clients to virtual services. This has caused pushback from foster parents who want services modified or supervised visits canceled even when there are no COVID-19 symptoms in the foster home or family of origin. How do we move forward presenting services that do not include such disparities?
A: DCS is working hard to be both consistent and fact-based in our responses to these questions and guidance we've been sharing. We are working closely with ISDH, which is informing everything we communicate. We are posting this information on our website as well.

Q: Can you bill supervised visitation virtually with FCM approval if all parties are in different locations?
A: Yes, with the consent of and input from the child and family team.

Q: Testing and evaluations are not fully capable of being administered via telehealth options. May psychologists consider do a hybrid clinical interview and assessment? This would all be able to be conducted remotely. There are many tests available in an online format. What cannot be done well are objective tests, such as intelligence/cognitive, neuropsychological or academic tests. Most other referral questions should be able to be answered through careful interview and questionnaire-based testing. Is this being considered?
A: DCS relies on the guidance from the psychologists who were asked to complete the evaluation as to how to best proceed. Psychologists should advise the child and family teams whether alternative testing means would be appropriate. Child and family teams could also seek guidance from the child welfare services division and/or the DCS clinical consultants.

Q: For new hires, does virtual shadowing of service standards count toward the checklist for shadowing in the field?
A: Yes.

Q: With the stay-at-home order, are we still doing face-to-face supervised visits with parents?
A: Child welfare work is deemed essential and is exempt from the stay-at-home order, so if travel is related to that work, it is permitted.

Q: Should face-to-face testing be postponed in the case of psychological assessments? Face-to-face testing would be required for the completion of some testing measures. How should psychologists conducting these evaluations manage these appointments and referrals?
A: Providers should work with referring workers and child and family teams if a referred service should be delivered in a manner not consistent with the service standards because of COVID-19. The team can decide to delay, deliver remotely or modify the service. Teams should be mindful of existing court orders and must inform the court if services are recommended to be delivered in a manner that is not consistent with court orders.

Q: Does a provider have to seek approval from each individual FCM to provide services virtually?
A: Yes. DCS recognizes that many providers have a high volume of DCS cases; however, each case is unique and should be treated as such. For auditing purposes, approval must be obtained in writing for each case.

Q: We have our annual training for CPR/first aid demo (not certification) and car-seat training coming up. After this date, we will be out of compliance. Please advise what to do if they are canceled.
A: American Red Cross activities including life-saving trainings are considered an essential service. Red Cross has reduced its class size to six people and continues to provide the CPR/first aid face-to-face portion in small groups. Resource

parents are encouraged to follow up with their foster care specialist if they are unable to attend a CPR/First Aid/AED training in person to determine if temporary accommodations can be made.

Q: Will local criminal background checks be delayed during this time?
A: DCS is not aware of issues obtaining local criminal background checks. If a provider is experiencing difficulty, email the Central Office Background Check Unit at background.checkunit@dcs.in.gov or Don Travis at Donald.Travis@dcs.in.gov.

Q: For annual or relicensing requirements: May foster parents who are up for their annual or relicensure complete the First Aid and Universal Precautions online?
A: At this time, Red Cross has reduced its class size to six people and continues to provide the CPR/first aid face-to-face portion in small groups. We are not waiving that requirement currently. Universal Precautions is already available online.

Q: What do we do if the family reports respiratory symptoms are present in the home, but the FCM will not approve virtual visits?
A: Individuals (service provider or client) who are potentially sick should not participate in face-to-face contacts. Child and family teams should decide how services should be delivered for specific cases, and they are encouraged to balance all of the presenting risks, including those related to COVID-19 and child safety.

Q: Is the remote pop-in actual time or is it still the minimum 30 minutes for billing, regardless of the actual time as this isn't in person?
A: Providers are encouraged to work their child and family teams to determine the necessity of virtual pop-ins. Each pop-in, including virtual, is reimbursable as a 30-minute unit. Providers should capture 30-minute increments in their documentation; e.g., "from 12:30 – 1 p.m., this worker completed a pop-in visit," even if the worker wasn't in the home, virtually or otherwise, for the entire 30 minutes.

Q: May local office directors make blanket approvals for video conference for all supervised visitation (both sibling and parent/child) across an entire region? If a placement has been instructed to provide the virtual visitation service for a family temporarily, doesn't a provider need to be present in order to appropriately document the parent/child interactions and maximize parenting time?
A: These are decisions that should be made by the specific child and family teams working with each case. Visits, including those that require supervision, can be conducted through virtual means with the input and approval of the child and family team. Teams must consider any court orders with requirements regarding supervision of visits/parenting time.

Q: Some FCMs are allowing foster parents or kinship parents to monitor virtual visits. How do we ensure DCS is aware that we want to provide the services, but the child and family team meeting is taking the provider out of the process?
A: Child and family teams should decide what changes, if any, should be made to visitation during COVID-19. If a provider disagrees with a team's decision, the provider is encouraged to take those concerns to DCS supervision using the established chain of command (supervisor, division manager, local office director, regional manager, etc.).

Q: If inkless sites are closed, what temporary work-arounds does DCS allow for this clearance?
A: IDOA has deemed DCS-related fingerprints a top priority. When providers are scheduling their fingerprints, inform the site the prints are for DCS purposes.

Q: Various juvenile court systems are requiring us to provide only virtual visits to families/children connected to the court. Does guidance supersede DCS guidance?
A: DCS is not aware of any court order requiring visits to be done virtually, though it is appropriate for many of our cases to have the visits or parenting time done through remote means. Child and family teams should work together to decide how visits or parenting time should look for specific cases. Teams should be mindful of any existing court orders and be prepared to inform courts if a team recommends an order not be followed.

Q: If the child and family are exhibiting no symptoms, is it valid to ask for virtual contact to prevent the child, foster family, providers, etc. from getting sick?
A: If there are no risks to child safety, virtual contacts are encouraged; however, the child and family team should make this decision.

Q: Do virtual visits have a one-hour minimum?
A: There is no minimum (or maximum) time requirement placed on virtual services. Child and family teams should discuss the frequency, duration and types of services being delivered and focus on what will meet the child's and family's needs while balancing COVID-19 and child-safety risks (to determine if face-to-face services are needed). Note: Most service standards require at least 8 minutes to bill; see the "Billable Unit" section of our service standards for additional details.

Q: The 12 family maximum caseload list applies to home-based case workers, not counseling treatment, correct?
A: Correct.

Q: If no one in the client home or provider home is showing any symptoms, is the state still encouraging face-to-face services?
A: Face-to-face services should be reserved for cases with a compelling reason to continue in-person contact (e.g., a presenting child-safety risk not effectively mitigated through remote interventions). Specific child and family teams should decide what services, if any, should be delivered face-to-face and/or in the home, taking into account any presenting COVID-19 risks. Note: Any worker or client in a high-risk category for severe COVID outcomes should not complete face-to-face contacts.

Q: Why not postpone visits temporarily or mandate all services go virtual?
A: Each child and family teams should decide whether visits will be face to face, virtual or a combination, taking into account all presenting factors. The Administration for Children and Families advises to:

- Become familiar with ways in-person visitation may safely continue.
- Encourage resource parents to provide transportation to, and supervision of, family time.
- Engage in visitation outdoors where feasible.
- Ask parents if they prefer family time via technology.
- Consider whether children can be safely reunified with their parents in an expedited manner.

Q: If someone in our office gets COVID-19, should we all self-quarantine and work from home?
A: DCS defers to the Indiana State Department of Health, the local health department or a medical professional.

Q: May day-reporting programs continue to operate with a small group (10 or fewer)?
A: This depends on the needs of specific communities as well as the program structure. For example, many day-care programs continue to operate, but they have made modifications (e.g., smaller class sizes, very focused hand-washing, etc.). Day-reporting programs could operate similarly if there's still a need.

Q: Can a licensed psychologist (HSPP) be approved to temporarily supervise our home-based therapists?
A: Yes.

Q: If services are being provided when there are no child-safety concerns in the home, should we seek approval from the team to move to virtual services?
A: Yes. If there are no child-safety implications involved with the delivery of a specific service, it should be delivered remotely. Ensure the child and family team are aware. Consult local office supervision and/or the Child Welfare Services division if there is resistance to this from a child and family team.

Q: The “method” section for monthly reports doesn’t include an option for telemedicine or video-conferencing. What should providers do in this section when conducting services via video conference?
A: DCS will reimburse for remote interventions as if they were conducted face to face. If the desk-guide requirements are followed, claims will be processed. Bill per quarter hour and keep the FCM and treatment team informed of any changes. Make sure start and end times are identified with duration.

Q: Do all members of the team have to be included in decisions? Does the FCM get the final say?
A: Each child and family team member should have a voice. Teams are encouraged to meet often (virtual is preferred) to discuss all aspects of the case, including services. Ultimately, the family case manager or probation officer may send or cancel referrals. If a child and family team cannot agree on what services should be referred and how they should be delivered, teams should seek supervisor guidance.

Q: What should we do about visits with parents?
A: Visits, including those requiring supervision, may be conducted through virtual means, and how those visits look should be decided by the child and family team. Teams must consider court orders that might include requirements regarding supervision of visits/parenting time. Child and family teams working with specific cases should decide what changes should be made to visitation. If a provider disagrees with a team's decision, the provider is encouraged to take their concerns to DCS supervision using the established chain of command (supervisor, Division Manager, LOD, Regional Manager, etc.).

Q: For home-based services provided virtually, must the provider have the youth/parent signature on the session note before billing can be submitted?
A: No. Document your sessions as before, including your start time, end time, goals, interventions used, client response to interventions, etc.

Q: Is there a deadline for approval of virtual services?
A: No, there is no DCS-established deadline for authorization of virtual services.

Q: Is DCS able to supply N95 masks, gloves and other protective equipment?
A: We have limited equipment and are working to get additional supplies. We will stress the needs of our providers when discussing our own needs for PPE.

Q: If (community-based and family preservation) trainings needed in preparation for Family Preservation Services are canceled, will waivers be given until the trainings can be obtained?
A: Information about Family Preservation Services will be coming out soon. We are aware many trainings had to be postponed and will be working on providing alternative training methods.

Q: With virtual services, is there leeway on getting contact logs and treatment plans signed?
A: Work with your agency on this requirement. DCS does not require families to sign contact logs/treatment plans. DCS does want to see evidence that families are actively involved in their treatment plans. Document the interventions being used to work toward treatment plan goals.

Q: All non-emergency fingerprinting is delayed. Does this impact foster parent licensing?
A: DCS-related fingerprinting has been prioritized. Check “emergency” when scheduling online after confirming the foster parents are indeed serious about moving forward. Access to screens is limited, and we want to ensure relative caregivers and others can be printed as needed

Q: Our first batch of telehealth approvals has expired. Do agencies need to obtain extensions?
A: No, services currently delivered through remote means may continue. We will announce when face-to-face services should return. Meanwhile, child and family teams should meet as often as necessary to monitor service delivery, balancing COVID-19 risks with child-safety risks.

Q: Some foster parents have been asked to take pictures of younger youth (arms, backs, legs and stomachs). Is this is a new DCS practice?
A: No, but it is permissible. Child and family teams should determine how to assure child safety during this time. Escalate concerns up through our field leadership, beginning with supervisors, division managers, local office directors, regional managers, assistant deputies and the deputy director.

Q: A foster parent has COVID-19. Will youth coming out of a home like this be tested?
A: DCS cannot order COVID-19 tests, but DCS will work closely with medical professionals when we are made aware of a specific circumstance where a test is warranted. The current testing focus is for those who are symptomatic and have an order for a test from a physician. If a caregiver tests positive, and the child is symptomatic, the child's physician will need to be contacted about ordering a test. If the child is asymptomatic, the physician might deny this request.

Q. A college student's collaborative care will end when she turns 21 this June. She can access insurance through her parent, for which I am in-network. Can she be on private insurance and Medicaid?
A. Yes. Many former foster youth have both private insurance and Medicaid. Work with the child's 3CM and DCS legal for assistance.

Q. Do you want a copy of the agency's emergency preparedness plan?
A. Yes. This is already a contract requirement. Send to ChildWelfarePlan@dcs.in.gov.

Q: We have a staff member who has been off work with upper respiratory symptoms but no formal diagnosis. May a supervisor (who has been doing his Face Time visits, etc.) write the staff member's monthly report?
A: Yes. Note in the report who conducted each client contact and who authored each section of the report. With questions like this, providers are encouraged to contact their regional services coordinator or email (ChildWelfarePlan@dcs.in.gov).

Q: For our progress notes/reports, we created a location to utilize exclusively during this pandemic ("Teleconference Due to COVID-19"), and the method we list is "Billable Face to Face" or "Billable Telephone." Is this OK?
A: Yes. Providers may bill for teleconference interventions as if they were conducted face to face. Make sure the child and family team is aware so members can evaluate the services being delivered and make any changes they deem necessary.

Q: What training are FCMs receiving to make virtual visits they are supervising meaningful?
A: FCMs have been working with their supervisors/DCS field leadership to ensure virtual parenting time they supervise is meaningful. FCMs often supervised parenting time before the pandemic, so they are comfortable with this. Child and family teams should work together to ensure parenting time is well-planned, and appropriate resources, including someone to supervise, are available.

Q: Is it good practice to ask foster or kinship parents to supervise visitation?
A: Yes. There is clear research on the benefit of positive relationships between foster parents and birth parents. A foster parent/relative caregiver may monitor parenting time and potentially provide helpful tips to the birth parents about the child. Another benefit with fewer people involved is reduced COVID-19 risk. The decision to have a foster or kinship caregiver supervise parenting time should be made by the child and family team, based on presenting circumstances. Teams must also consider existing court orders.

Q: The new guidelines for monthly reports state, "You may transition to this form at your convenience." Is it required?
A: No, this is to help providers with monthly and individual reports. Because many providers have programs that auto-fill or otherwise produce reports, we do not require this new format and have no plans to require it at this time. Remember to include all elements required for reimbursement (start time, end time, duration, etc.). Using this format ensures all

required elements are present in provider documentation. If DCS ever does decide to require this format, we will provide ample notice.

Q: Are provider agency offices/facilities required to have a single point of entry for staff?
A: No. DCS supports, but has not mandated, single points of entry and defers to the Indiana State Department of Health. If providers are screening staff members as they enter buildings, having one point of entry would be helpful, but this is left to the discretion of the provider.

Q: When will DCS cease current emergency practices/policies, such as waivers related to therapists or the allowance of virtual services? Will there be a grace period for providers to adjust once DCS reverts to former practices?
A: DCS is paying close attention to updated guidance from ISDH which will inform the timing of any transitions, but a specific date has not been set at this time. We do not anticipate an abrupt ending to any of the waivers or allowances currently in place and will ensure providers have sufficient notice as emergency policies are phased out.

Q: With the forecasted increased need for mental health services due to this pandemic, may agencies submit a proposal to additional services (e.g., father engagement services/parent education/tutoring, etc.) if they demonstrate a need?
A: Providers with a contract with DCS to provide community-based services should work with their regional service coordinator if they are interested in adding services or regions to their contract. This will be evaluated on a regional basis based on needs within that region. Providers without a DCS community-based contract must wait for an RFP.

Q: Will DCS approve billing text-message conversations (e.g., time spent coordinating virtual meetings for visitations with foster parents and parents)?
A: No. Billing for time spent scheduling appointments and meetings is prohibited by our service standards, as this time is considered part of the hourly face-to-face rate, as are travel time and report-writing.

Q: When is the cutoff for virtual services? What guidelines exist for the transition? When will this be communicated to the DCS field staff?
A: That date has not yet been determined, and we will work to ensure staff and providers have sufficient notice as emergency policies are phased out. This will be a gradual transition. We recognize the risk from coronavirus, and we will continue to ask our child and family teams to evaluate all presenting risks when deciding how to deliver services. We will also communicate this guidance to our field staff. If a child and family team is struggling to agree on how services should be delivered, that team is encouraged to escalate its concerns within the respective organizations.

Q: Considering the pandemic has added financial stress to most of our clients, will DCS implement a cap on the amount an agency will be required to pay for concrete assistance under Family Preservation Services?
A: No, standard practice for offering concrete assistance under Family Prez will go forward as originally planned. At this time, DCS does not intend to adjust the per diem or implement a cap on concrete supports. Keep in mind that concrete supports should be provided using the agency's per diem only if failure to do so would result in DCS having to remove the child. We encourage our child and family teams to work together to identify community resources families can access after case closure so they will be prepared if faced with similar challenges in the future. Providers who are being awarded a contract for Family Preservation Services and wish to learn more should contact David Reed (david.reed@dcs.in.gov) to join the biweekly Family Preservation-specific conference calls on May 15 and May 29.

Q: Will the DCS practice model relaunch meetings still take place starting in May?
A: Yes, but they are being moved to virtual platforms. Additional information is forthcoming.

Q: What is the expectation for making up supervised visits?
A: This should be decided by the child and family team. Visitation may be done virtually, provided the child and family team agrees, and the delivery method does not violate court orders. If virtual visits are being done in lieu of face-to-face,

teams are encouraged to consider increasing the frequency and/or duration of parenting-time opportunities to keep families connected during this time.

Q: How long may virtual visits continue as the state begins to reopen?
A: The authorization for virtual/remote contacts and services remains in place statewide, and providers will be given ample notice if we began to move away from this practice. The decision to use virtual contacts or face-to-face ones should be made by the child and family team, taking into account all of the presenting risks, including those related to COVID-19 and child safety. We will continue to monitor updates from the governor's office and ISDH, but, the authorization to deliver services through these previously authorized remote means is not changing and will not any time soon.

Q: Do background checks completed on an intern less than a year ago need to be redone to hire them?
A: Yes, they may be used if all of the following apply:

1). The checks were done in the last year.
2). The applicant's internship was paid.
2). The internship was with the same provider now seeking to hire the applicant.
3). The applicant is being hired to perform similar duties as performed while completing their internship.

Otherwise, new checks must be done.

Q: Is online certification allowed for CPR renewals or new hires?
A: No, as these essential services (including hands-on instruction required for certification) are still being offered in person by both the American Red Cross and the American Heart Association. Please note class sizes could be limited. If you are having difficulty finding a class or have concerns about a member of your staff attending in person, please contact DCS.

Q: When will we be encouraged to return to in-person clinical supervision for the therapists?
A: We do not have a firm date at this time but will keep all providers apprised of upcoming changes.

Q: Can DCS provide partner agencies with personal protective equipment?
A: Unfortunately, DCS is not in a position to donate PPE, as we have limited supplies for our own staff. Indiana Correctional Industries has PPE available for purchase. Additionally, small businesses are eligible to obtain free PPE from the Indiana Economic Development Corporation PPE Marketplace. If your agency has found another reliable source for PPE, please send a note to David Reed (david.reed@dcs.in.gov), and we will share that information.

Q: Should off-site doctors and dentist visits occur if the offices are open and operating?
A: Please refer to the May 1 field guidance. The COVID-19 outbreak has prompted changes to maintain required and recommended medical appointments for children in DCS care. Please keep the following in mind:

- If a foster child is a newborn or young infant, or the child has medical issues, the child should be seen as recommended by the child's medical provider.
- Some healthcare providers are providing well-child visits, either virtually or in person. Please document it if you are unable to schedule a well-child visit.

Q: May we schedule on-site visits if they can be held outside with social distancing?
A: No. All on-campus visits are suspended through May 24. Additionally, no visitors should be admitted until additional guidance from ISDH and DCS is issued.

Q: Can the state recommend resources for homeless families looking for affordable housing?
A: Indiana 2-1-1 can connect families with information on affordable housing near them. This resource may be reached

by dialing 2-1-1. Local housing authorities may also provide support to families in their housing search. These can be found by searching online using your county and "housing authority" (e.g., St. Joseph County Housing Authority). In addition, you may contact the Indiana Housing and Community Development Authority (IHCDA) at www.in.gov/ihcda/.

Q: If a child over 2 resists wearing a face mask during visitation, should we still facilitate the visitation?
A: Child and family teams should discuss resuming face-to-face parenting time following Director Stigdon's guidance prior to the visit. Younger children might not like wearing masks, especially if they've had a negative experience (i.e., hospitalization) or have autism spectrum disorder or sensory issues. The team should not end parenting time early if the child struggles with wearing the mask.

Q. What if an adult participating in parenting time refuses to wear a mask?
A. Be sure to discuss expectations with all parties prior to the parenting time session. If an adult refuses to wear a mask or abide by other guidelines, this should be discussed and potentially escalated to provider or DCS leadership as would be done with any other issue impacting child safety. It's possible the court overseeing the case may help resolve the issue.

Q: The visitation guidance states the foster parent or agency must supply diapers, wipes and formula for the duration of the visit. Our agency always has extra wipes and diapers, but it would be difficult to keep the many varieties of formula our clients use on hand. Can you clarify?
A: Child and family teams should discuss this before the parenting time session and work together to determine who will supply what is needed for the visit. For children in foster care, it is appropriate for the foster parent to supply the specific formula the child has been using.

Q: Can an exception to the no food/drink rule be made for families with a visit that occurs during mealtime? Or if children are outside, playing, and get thirsty?
A: Yes, food and drinks may be included in visits with prior authorization. Child and family teams may make modifications to ensure the visit is safe, including asking participants to bring their own beverages and/or food. Ensure participants do not drink from the same cup and take care steps to mitigate COVID-19 risks if food is to be shared (e.g., no shared utensils, napkins, chip dip, etc.).

Q: May parents hug and kiss their children during visitation?
A: Yes. Bonding and attachment between children and caregivers requires touch, and parents are allowed to hug and kiss their children during parenting time. If the parent has tested positive for COVID-19, face-to-face parenting time should be postponed.

Q: Will DCS provide masks for visitation if an agency cannot?
A: Child and family teams should discuss this, including the parent(s) in the conversation, prior to the visit. If the parent or child does not have a mask and your agency cannot provide one, contact your local DCS office or the FCM to obtain what is needed.

Q: Does the rule about bringing one toy apply to visits occurring at DCS, or are agencies expected to have visitation rooms with only one toy?
A: No, but DCS or provider offices used for visitation should be cleaned and disinfected before and after each visit. Toys and items that cannot be easily cleaned and disinfected (e.g., stuffed animals, soft toys, books and throw pillows) should be removed. Teams are also asked to consider activities that will create an environment for quality parenting time while preventing the spread of the virus.

Q: Do the visitation guidelines apply to supervised visits occurring in the biological parent home? Are the parent and child still expected to wear masks? Are food and drink permitted?
A: Child and family teams should discuss this, including the parent(s) in the discussion, prior to the visit. The use of face

masks is encouraged unless they need to be removed to address a child's fears. Food and drink are permitted with prior authorization by the CFTM.

Q: The new visitation guidance says to take into account the parents' living situation when deciding whether to hold a face-to-face visit. Please clarify.
A: Child and family teams should discuss all COVID-19 concerns with a specific case prior to a visit and mitigate any risk using their knowledge of the case and ISDH/CDC guidance. If someone in the birth parent's home is COVID-19 positive, for example, teams should not have that individual participate in the visit and not have the visit in that person's home.

Q: What should we do if one party who is high-risk does not feel safe meeting in person and another party wants face-to-face visits?
A: Child and family teams should discuss this prior to the visit. If a resolution cannot be achieved, escalate the concern to DCS/provider leadership for further guidance. In some cases, the court overseeing the case may help resolve concerns such as these.

Q: What circumstances would necessitate continued virtual visits?
A: Starting June 15, parenting-time visits should occur in person barring any extraordinary COVID-19-related circumstances. This would include a parent or child testing positive for COVID-19, being hospitalized or exhibiting COVID-19 symptoms, which should still be screened for prior to visits.

Q: Is DCS still authorizing the providers to conduct virtual visits with no impact on reimbursement? Is there an end date after which DCS will no longer pay for virtual visits?
A: There has been no change in the authorization for virtual services, which can still occur at the discretion of the child and family team working each case. If a decision is made to no longer allow for virtual services, it will be announced formally in advance to allow a gradual transition.

Q: If a client feels unsafe with in-person contact, are we required to furnish PPE?
A: Providers are encouraged to call or text clients to discuss these kinds of details before face-to-face contacts. Ask the recommended screening questions and discuss PPE/plans to socially distance during the contact. Child and family teams can also weigh in on how to navigate this issue with individuals who are uncomfortable with face-to-face contact.

Q: Are parents allowed to take children out to eat for lunch/dinner during parenting time visits?
A: Having food and drinks during parenting time visits is discouraged without prior authorization. Child and family teams should discuss all details of the parenting time visit, including whether to allow food or drinks during the visit and what kind, in advance. Court orders must be followed (e.g., if the court requires the visit be at an office, those parents could not take their child to a restaurant).

Q: Do all DCS services return to in-person service delivery on June 15?
A: No, this guidance is specific to parenting time and DCS FCM contact with children and families. Virtual services remain authorized, but child and family teams should talk about the best way to deliver services, weighing the COVID-19 and child-safety risks. As the state moves toward reopening, more services will be delivered through face-to-face means following ISDH and CDC guidance. We will inform providers in advance of these changes to allow for the smoothest transition possible.

Q: Is there a set date all services revert to face to face?
A: There is no projected date at this time, but providers will be given advance notice of any changes to allow for a smooth transition. Child and family teams may continue to authorize virtual/remote services on a case-by-case basis, weighing both the COVID-19 and child-safety risks. This will continue to be the case as the state moves through the back

on track plan phases, and, even after the state enters Phase 5, when there are extraordinary circumstances (such as someone in a family testing positive for COVID-19), virtual services may be authorized.

Q: May providers combine face-to-face and virtual visits to foster homes to ease families back into having providers offer resources in person?
A: Yes, with the approval of the child and family team.

Q: When parents/children are visiting outdoors, can masks be removed if social distancing is observed?
A: If 6 feet of social distance can be kept (including for any members of the public who might be nearby), and everyone involved understands and can abide by the governor's executive order, face coverings may be removed. Face coverings need to be worn throughout the visit if there are children who, because of age or cognitive ability, might forget to socially distance and thus violate the 6-foot rule (even unintentionally).

Q: Who must quarantine after close contact (and what qualifies as close contact) with someone positive for COVID-19?
A: Please refer to the ISDH website, the CDC website or contact your local department of health or medical professional for guidance on specific cases like this.

Q: Has DCS determined a date when virtual services will no be longer allowed (or allowed only in extraordinary circumstances)? A: No, and DCS will provide at least 30 days' notice if we decide to no longer allow any virtual/remote interventions.

Q: Many agencies continue to face difficulties in getting job applicants fingerprinted and continuing staff re-fingerprinted for purposes of re-licensure. Please advise.
A: DCS will soon open a facility in Marion County to expand fingerprinting availability. IDOA is working to exclude handgun permit fingerprint cards at 4 current locations (two in Indianapolis, one in Hammond and one in Fort Wayne), which should open about 1,900 appointments per month. We continue to examine this issue and may consider alternatives.

Q: Are FCMs required to wear masks?
A: Yes. If after reminding a DCS employee to put on a mask the employee does not do so, please escalate the issue to leadership.

Q: I'm hearing from staff about visit supervisor/transporters not consistently wearing masks and of some birth parents not wearing masks during indoor visits with children. Is it acceptable to go up the ladder of local leadership if we don't see progress in individual situations?
A: The natural parents should be reminded of the importance and provided a mask, as they may not have one. Expectations should be reinforced with all parties. We will be revisiting and reminding the agency again about the importance of protecting themselves and others by utilizing PPE and diligent hand hygiene. It is always ok to escalate concerns. There is no need to ask permission.

Q: How do we apply to become a Family Preservation Services provider?
A: Contact David Reed (david.reed@dcs.in.gov) for details about Family Preservation Services contracting.

Q: Are virtual services still approved in Stage 5?
A: Yes, with the approval of the child and family team. DCS will provide at least a 30-day notice if a decision is made to prohibit virtual services.

Q: Will there be opportunities to continue therapy virtually after the public health emergency is declared over?

A: We continue to evaluate what services may look like post the public health emergency. We will give providers at least 30 days' notice if virtual services will no longer be allowed. If providers wish to be able to deliver virtual services after the public health emergency, they need to understand the laws around HIPAA-compliant platforms. More information can be found here: https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html

Q: May new hire training take place before background checks/fingerprint results are complete?
A: No, background checks should be completed before a new employee is hired under a DCS-contracted service. We will work with providers on a case-by-case basis if challenges arise.